

ARIZONA DEPARTMENT OF EDUCATION CHILD CARE STANDARDS FOR NONLICENSED FACILITIES

Each facility that requests approval according to the Child and Adult Care Food Program Child Care Standards must complete this form and ensure that EACH nonlicensed facility/site is in conformance with these standards. Any deficiencies noted must be corrected within sixty (60) days. Corrective action must be documented.

Sponsoring Organization _____ C-T-D # _____

Total Number of Sites _____ Date _____

STAFF/CHILD RATIOS, Outside School Hours Care:

- (a) 6 years up to 10 years – 1:15
- (b) 10 years and above - 1:20

The ratios show the maximum numbers of children in each of the specified age groups that are permitted to be under the supervision of one caregiver. For example, fifteen (15) children, aged 6 years up to 10 years, are permitted to be under the care of one caregiver. For children 10 years and above, the standards allow a maximum of twenty (20) children to be under the supervision of one caregiver. When care is provided to children from both these age groups the following computation can be used to determine the minimum staffing requirements:

| Age Range | # of Enrolled Children | | Max # of children for 1 caregiver | | Number of required caregivers |
|--|------------------------|--|-----------------------------------|--|-------------------------------|
| 6 yrs through 9 yrs | 25 | | 15 | | 1.67 |
| 10 yrs and older | 30 | | 20 | | 1.50 |
| All decimals in the total number less than .50 are rounded down, and all decimals greater than .50 are rounded up. | | | | | Total 3.17 = 3 |

PRESCHOOL RATIOS:

- (a) 6 weeks up to 3 years – 1:4
- (b) 3 years up to 6 years – 1:6

| | YES | NO |
|---|--------------------------|--------------------------|
| 1. Does the staff/child ratio meet standards at all sites? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the day care services available to all children without discrimination on the basis of race, color, national origin, gender or disability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do all facilities have current fire/safety and health/sanitation permits? (Within past 12 months) ATTACH COPIES. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do all facilities hold fire drills in accordance with fire and building safety requirements? | <input type="checkbox"/> | <input type="checkbox"/> |

| | YES | NO |
|---|--------------------------|--------------------------|
| 5. Is ventilation, temperature and lighting adequate at each site for children's safety and comfort? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are the floors/walls at each site clean and maintained in a condition that is safe for children? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Considering the ages of the children and the size of the group, are space and the arrangement of the equipment adequate for: | | |
| a) Periods of play? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| b) Periods of rest? (arrangements for rest must be made for preschool-age children) | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 8. Are organized activities available at each site for children? Please describe. | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| a) Are there games and materials available that are appropriate for the children in care? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| Comments _____ | | |
| 9. Are there adequate kitchen and restroom facilities at each site? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| Comments _____ | | |
| 10. Do facilities have procedures for referring families of children to appropriate local health and social service agencies? Describe procedures _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 11. Is there an established procedure at each site to ensure prompt notification of the parent or guardian in the event of a child's injury or illness? Describe procedures. | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 12. Is there an established procedure to ensure prompt medical treatment in case of emergency? Describe _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 13. Is each child observed daily for any indication of difficulties in social adjustment, illness, neglect, or abuse? Describe what actions would be initiated. | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 14. Are first aid supplies available on the premises of each site? Is at least one staff member currently qualified in first aid, including artificial respiration techniques? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |

| | YES | NO |
|---|--------------------------|--------------------------|
| 15. Do staff members undergo periodic health assessments? If yes, what are these assessments? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 16. Are health records, including records of medical examination and immunization maintained for each enrolled child? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 17. Describe the types of orientation and ongoing training in child care that is provided for all staff. | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 18. Are parents provided with the opportunity to observe their children in care? What opportunities for observation are provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 19. Has your organization established a procedure for periodic evaluation of your program on the basis of CACFP Child Care Standards? | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |

I certify that the information included on the CACFP Child Care Standards form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Signature _____ Title _____